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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 303057

MARCH CONTROL

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NAME '

STREET ADDRESS

SIGNATURE

ROBERT LINCOLN MANAGEMENT CO.

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Principal Place of Business Mailing Address				***	1 INCOME THE COLUMN TERM TENTA DUTANT UTER	1 (681 81814 BIBE BIBE BERN B		
14127 CYPRESS CIRCLE TAMPA FL 33624 14127 CYPRESS CIRCLE TAMPA FL 33624					DO NOT WRITE IN THIS SPACE			
US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			l
					03/16/1966			
2 Dringing F	Place of Business	2a. Mailing Address			4. FEI Number	An	plied For	
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Suite, Apt.	# etc	Suite, Apt. #, etc.		***		\$8.75.4		
22		27			5. Certifcate of Status Desired	Fee Re		
City & Sta	te	City & State			6. Election Campaign Financing	55.00	May Be	1
23		28		•	Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cot	intry	8. This corporation owes the current		_	١.
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Curr				10. Name and Address of New Re	egistered Agent		
5.00				81 Name				
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	27 CYPRESS CIRCLE	1.7 Mg	•		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(i. 1821 1931	
IAN	MPA FL 33624			83				
	en e			84 City	S. S. C. S.	85 Zip C	Code "	ĺ
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11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statut le of Florida. Such change was a	tes, the a authorized	bove-named corp t by the corporati	poration submits this statement for the p ion's board of directors. I hereby accept	ourpose of changing its the appointment as re	registered gistered	
₽8 agent. I a	am familiar with, and accept the obliq	gations of, Section 607.0505, Flo	orida Stat	utes.			'	
SIGNATURE								
					- Inches	DATE	<u> </u>	ـ ا
42	Signature, typed or printed name of registered a			Agent signature require	ad when reinstating)	DATE	RS IN 12	į δ
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	·	RS IN 12	11/08)
TITLE	Signature, typed or printed name of registered at OFFICERS A		13. 1.1 Π	TLE		ICERS AND DIRECTO		(4 (11/98)
TITLE NAME	Signature, typed or printed name of registered a OFFICERS A P DOTSON,WANDA	AND DIRECTORS	13. 1.1 π 1.2 N	TLE AME		ICERS AND DIRECTO		=034 (11/98)
TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A P DOTSON,WANDA 14127 CYPRESS CIR	AND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME IREET ADDRESS		ICERS AND DIRECTO		30E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A P DOTSON,WANDA	AND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME IREET ADDRESS TY-ST-ZIP		ICERS AND DIRECTO		CR2E034 (11/98)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A P DOTSON, WANDA 14127 CYPRESS CIR TAMPA FL	AND DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N.	TLE AME IREET ADDRESS TY-ST-ZIP TLE AME		ICERS AND DIRECTO	☐ Addition	CR2E034 (11/98)
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6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP